



redefining / standards

Employee Benefits - Hospitalisation & Surgical Claim Form 僱員福利－住院及手術索償表

This form is applicable to both Inpatient and Outpatient surgical claims 本表格適用於住院或門診手術賠償

No reimbursement for claims submitted after 90 days from the date of consultation. 索償申請必須在90天內寄回，否則不作任何賠償。

Part 1 - To Be Completed by the Patient 甲部－由病人填寫		Provide the meal breakdown record. 請提供所有膳食記錄	
Name of Employer 僱主名稱: Vocational Training Council	Dept 部門 (If applicable 如適用)	Name of the Patient 病者姓名:	
Name of Employee 僱員姓名: (For Group Insurance Policy only)		Patient's Occupation 病者職業:	
Policy No 保單號碼: 05224801GH		Patient's HKID Card No 病者身份証號碼:	
Certificate No. 保險證號碼:		Date of Birth 出生日期:	
Relationship with Employee 病者與僱員關係:		<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女	
1) Have you had any prior treatment for this or related conditions? 閣下是否曾經因同一病況而接受治療?		<input type="checkbox"/> Yes, please provide following information 是，請提供以下資料	
Doctor's Name 醫生姓名: _____ Address 地址: _____		Date(s) 日期: _____	
2) Are you making any other insurance claim as a result of this hospitalisation/surgery? (Please provide claims settlement advice from other insurer, if applicable) 有關此次住院/手術，閣下有否申請其他保險賠償？(請提供其他保險公司之賠償結算通知，如適用)		<input type="checkbox"/> No 不是 <input type="checkbox"/> Yes 是	
Name of Insurance Company 保險公司名稱: _____ <input type="checkbox"/> Return original receipt after claim processing, if yes, please "✓" the box and attach with a copy of this Claim Form and Receipts / Documents . (Please note: Original receipts will not be returned if the claim was fully reimbursed unless return original receipt is requested for other purpose, please state the reason) 如欲索回醫生收據正本，請在空格內填上「✓」號，並附上此索償表及收據/文件影印本一份 (請注意：如申請已獲全數賠償，正本收據將不獲退回。除非本收據需用作其他用途，請註明原因)		Policy No 保單號碼: _____	
3) Was the hospitalisation/surgery a result of an accident? 此次住院/手術是否由於一宗意外引致?		<input type="checkbox"/> No 不是 <input type="checkbox"/> Yes 是	
Date 日期: _____ Time 時間: _____ Place 地點: _____ Brief Description 經過: _____			

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

AXA China Region Insurance Company Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

安盛金融有限公司 (下稱“本公司”) 明白其就《個人資料 (私隱) 條例》(香港法例第 486 章) (“條例”) 收集、持有、處理、使用和 / 或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的 (“有關目的”) 而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

- offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners, and administering, maintaining, managing and operating such products/services;
向閣下推介、提供和營銷本公司、安盛集團的其他公司 (“安盛關聯方”) 或本公司的商業合作夥伴之產品 / 服務，以及提供、維持、管理和操作該等產品 / 服務；
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
處理和評估閣下就本公司及安盛關聯方所提供之產品 / 服務提出的任何申請或要求；
- providing subsequent services to you, including but not limited to administering the policies issued;
向閣下提供後續服務，包括但不限於執行 / 管理已發出的保單；
- any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
- evaluating your financial needs;
評估閣下的財務需求；
- designing products/services for customers;
為客戶設計產品 / 服務；
- conducting market research for statistical or other purposes;
為統計或其他目的進行市場研究；
- matching any data held which relates to you from time to time for any of the purposes listed herein;
不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；

AXA China Region Insurance Company Limited 安盛金融有限公司

Employee Benefits Unit 2201 - 2206, 22/F., Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

僱員福利 香港九龍九龍灣宏泰道 23 號 22 樓 2201 - 2206 室 Tel 電話 (852) 2519 1166 Fax 圖文傳真 (852) 2598 6502

9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. conducting identity and/or credit checks and/or debt collection;
進行身份和 / 或信用核查和 / 或債務追收；
11. complying with the laws of any applicable jurisdiction;
遵守任何適用的司法管轄區的法律；
12. carrying out other services in connection with the operation of the Company's business; and
開展與本公司業務經營有關的其他服務；及
13. other purposes directly relating to any of the above.
與上述任何目的直接有關的其他目的。

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
在香港或香港以外其他地方本公司和 / 或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；
4. credit reference agencies or, in the event of default, debt collection agencies;
信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
本公司權利或業務的任何實際或建議的承讓人、受讓人、參與者或次參與者；及
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.
在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

Transfer of your personal data will only be made for one or more of the Purposes specified above.

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:
查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

Data Privacy Officer 個人資料保護主任

AXA China Region Insurance Company Limited 安盛金融有限公司

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A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

DECLARATION AND AUTHORISATION 聲明及授權

I HEREBY DECLARE AND AGREE on behalf of myself and the Patient referred to in this claim form (“**Relevant Persons**”) that all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true.

本人謹此代表本人 / 病者及其他在此賠償申請表提及之人士 (“**相關人士**") 聲明及同意上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛。

I HEREBY AUTHORISE on behalf of the Patient (1) any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the Patient and/or who has attended or may hereafter attend to the Patient to disclose such information to AXA China Region Insurance Company Limited (“**the Company**”); (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of the Patient in relation to this claim. This authorisation shall bind the successors of the Patient and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

本人謹此代表病者授權(1)任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士、凡知道或持有任何有關病者之紀錄者、及/或曾診驗或可能將會診驗病者，均可將該等資料提供給安盛金融有限公司 (“**貴公司**")；(2) 貴公司或任何其指定之醫生或化驗所，可就此賠償申請替病者進行所需之醫療評估及測試，作為審核病者之健康狀況。此授權對病者之繼承人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

If the Relevant Persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim.

若相關人士不能提供任何此賠償申請表所需的資料，本公司可能因此不能審核及處理此賠償申請。

I/We ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“**PICS**”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.

本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明 (“**該聲明**")。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀該聲明，而本人 / 我們已詳細閱讀該聲明對貴公司所收集或持有之本人 / 我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人 / 我們特此確認並同意貴公司根據該聲明使用及轉移本人 / 我們的個人資料。

I DECLARE AND AGREE that I have the full authority from and consent of the Patient to make the declarations, agreements and authorisations in this claim form.

本人聲明及同意已獲病者授權及同意本人作出在此賠償申請表的聲明，協議及授權。

Patient's Signature (Aged 18 or above)

病者簽名（十八歲或以上）

Employee's Signature

僱員簽名

Date

日期

In case of discrepancies between the English and Chinese versions, the English version shall prevail. 本表格之中英文本如有歧異，概以英文本為準。

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乙部 - 由主診醫生填寫，所需費用由索償人自行承擔。

1. Clinical History 求診記錄:

b) Symptom(s) / complaint(s) of the patient relating to this hospitalisation / treatment / investigation 病人就此次住院/治療/檢驗所出現的相關症狀及主訴

2. Hospitalisation Details 住院詳情:

b) Operation procedure(s) performed 手術的名稱

What treatment had the physician performed 治療詳情

3. Professional Comment 專業意見:

就閣下意見，病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴/診斷有關？若答案為“是”，請提供首次發病日期及詳情。

☐ Accidental bodily injury 意外身體受傷 ☐ Pregnancy 懷孕

☐ Self-inflicted injury 自我傷害

☐ Abuse of drugs or alcohol 濫用藥物或酒精☐ Mental disorder 精神紊亂 ☐ Treatment for cosmetic purpose 美容性質的治療 ☐ Hereditary condition 遺傳性問題☐ Refractive error 屈光不正

☐ Venereal disease, sexually transmitted disease or AIDS / HIV related illness 性病，性傳播疾病或愛滋病/愛滋病毒有關的疾病

4. Others 其它:

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人特此聲明，就本人所知，上述所有資料均準確無誤。

Part II of this claim form is endorsed by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers.
本索償表格乙部已獲香港醫學會及香港保險業聯會屬下醫療保險協會認可。

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提交門診/住院索賠申請表至安盛保險
(適合新薪酬福利制度和定期員工)

Submission of In/Out-patient Claim Form to AXA (for NRP & Term Staff)

送往：安盛保險 [*Please affix this sheet on top of a sealed envelope*]

To: AXA China Region Insurance Co. Ltd. [*請把此頁貼在密封信封上*]

經：人力資源科 [香港灣仔活道二十七號職業訓練局大樓十八樓]

Via: Human Resources Division [18/F, VTC Tower, 27 Wood Road, Wan Chai, HK]

由 **From** :

僱員姓名 Staff Name:

聯絡電話 Contact Tel No. :

日期 Date :
